

3739

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/751,472

Filing Date 12/29/2000

First Named Inventor Dinesh Mody

Group Art Unit 3739

Examiner Name Shay, David

Total Number of Pages in This Submission 40 + Refs

Attorney Docket Number P028

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☐ Fee Attached
- ☒ Amendment / Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☒ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):

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Remarks

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TECHNOLOGY CENTER R3700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Ross M. Carothers

Signature

Ross M. Carothers

Date

06/27/2003

CERTIFICATE OF MAILING

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June 27, 2003

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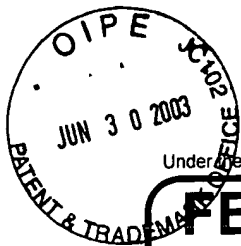
Signature

Ross M. Carothers

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06/27/2003

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FEE TRANSMITTAL for FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/751,472
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	12/29/2000
		First Named Inventor	Dinesh Mody
		Examiner Name	David Shay
TOTAL AMOUNT OF PAYMENT (\$)		Group Art Unit	3739
		Attorney Docket No.	P028

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 50-1894		Fee Code	Fee (\$)
Deposit Account Name: AFx inc.		Fee Code	Fee (\$)
The Commissioner is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)		(\$)	\$0.00
2. EXTRA CLAIM FEES FOR UTILITY AND			
Total Claims		Extra Claims	Fee from below
Independent Claims		-20** = 0	X = 0.00
Multiple Dependent		-3** = 0	X = 0.00
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	\$0.00
**or number previously paid, if greater; For Reissues, see above			
		SUBTOTAL (3) (\$)	
		\$180.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ross M. Carothers	Registration No. (Attorney/Agent)	44,593
Signature	<i>Ross M. Carothers</i>	Telephone	510-651-7430
		Date	June 27, 2003

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